

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7	4					
8	4					
9	12					
10	10					
11	10					
12	10					
13	10					
14	10					
15	10					
16	10					
17	10					
18	10					
19						
20	1					
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49						
50						
TOTAL IND.						
TOTAL DEP.	28					
TOTAL CLAIMS	29					

IND	DEP	IND	DEP	IND	DEP
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					